KeyHealth
MEDICAL SCHEME

PO Box 14145, Lyttelton, 0140
Client Service Centre: 0860 671 050
Fax: 0860 111 390
E-mail: info@keyhealthmedical.co.za
www.keyhealthmedical.co.za

REQUEST FOR PSYCHIATRY CONSULTATIONS

Please fax the completed form to 012 679 4490 or e-mail to psych@keyhealthmedical.co.za

Section A

PATIENT DETAILS	
Name and surname	
KeyHealth member number	
Dependant code	D.O.B.
Diagnosis	ICD-10
AXIS I	
AXIS II	
AXIS III	
AXIS IV	
GAF	
Current medication:	
Indication for additional consultations:	

Section B

TREATING PSYCHIATRIST		
Name and surname		
Practice number		
Contact number	Tel:	Fax:

TREATING PSYCHOLOGIST		
Name and surname		
Practice number		
Contact number	Tel:	Fax:

Section C

TREATMENT PLAN				
Psychologist				
Tariff code	Start date	End date	Frequency	Total sessions
Psychiatrist				
Tariff code	Start date	End date	Frequency	Total sessions

Regards,

Keyhealth